

NEW YORK CITY PEOPLE SERVED REPORT

Enter Your ID #

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Fill the program type you are reporting. Use one form for each program.

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- (1) Kids Cafe
- (2) Youth-Service
- (3) Rehab-Disability
- (4) Rehab-Substance Abuse
- (5) Shelter
- (6) Senior Center
- (7) Day Care
- (8) Soup Kitchen
- (9) Food Pantry

You can now report on the internet by going to www.feednyc.org.

Check here if you need to make any changes below and see reverse side of this form ©

Program Name: _____
 Contact Name: _____
 Title: _____
 Address: _____
 Borough: _____ Zip Code: _____
 Phone #: _____ Fax #: _____

Mail to:

Food Bank For New York City
 Attention: Data Entry Clerk

355 Food Center Drive
 Bronx, NY 10474

Fax: 718-893-3442

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|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 1) Children Adults Elderly | 2) Children Adults Elderly | 3) Children Adults Elderly | 4) Children Adults Elderly | 5) Children Adults Elderly | 6) Children Adults Elderly | 7) Children Adults Elderly |
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| 29) Children Adults Elderly | 30) Children Adults Elderly | 31) Children Adults Elderly | | | | |

Enter the month you are reporting.

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CHILDREN SUB-TOTALS
 Enter the total children served

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ADULTS SUB-TOTALS
 Enter the total adults served

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ELDERLY SUB-TOTALS
 Enter the total elderly served

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Did you turn anyone away because lack of food?

- (Y) Yes
 (N) No **How Many?**

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Did you turn anyone away because any other reason?

- (Y) Yes
 (N) No **How Many?**

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PLEASE FOLD HERE

NEW YORK CITY PEOPLE SERVED REPORT

Important: All monthly reporting is to be completed online at www.feednyc.org or by sending this form to Food Bank For New York City. Do not send an additional copy of your monthly report to EFAP, HPNAP or other funding sources.

Instructions:

1. Fill in all circles completely. You can use ink or pencil.
2. For children, adults, elderly, and turned away subtotals, be sure to fill in all "leading zeros" (e.g. if you are reporting 50 children you must enter 00050 and fill in the correct circles.
3. Submit the form by the 10th of the month following the reporting period (e.g. the report of January 2003 is due on February 10, 2003)
4. Make any corrections necessary to your name, agency name, address or telephone number below. Fill in the circle for change of information in the front of this form. Also **note** that you will need to submit a letterhead with the changes to your funders.

Agency Name: _____
Contact Name: _____ Secondary Contact _____
Shipping Address: _____ Borough: _____ Zip Code: _____
Billing Address: _____ Borough: _____ Zip Code: _____
Distribution Address: _____ Borough: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Email: _____

5. Some agencies have several distribution sites or feeding programs. **Each site or program should maintain separate calendars and send in separate reports.**

For example:

If **St. Luke's Church** operates a Food Pantry in its basement then it would complete a calendar and report for St. Luke's Food Pantry.

On the other hand, if **St. Luke's Church** also operates a Soup Kitchen in its social hall, then it would have to complete a separate calendar for the Soup Kitchen.

6. Completing the daily worksheet: Use the worksheet to indicate the number of people fed by your program. The worksheet on the front shows dates such as January 1, January 2, not days of the week. It can be used for any month. Do not confuse dates with days i.e. if you are open once a week during February, use box 3 for February 3rd, not the 3rd day you are open during the month.
7. If your program is closed, you are still required to submit this report.

FOOD PANTRIES:

- A. Count each person in the household who receive food, even if only one person came to the pantry
- B. Count every person each time they receive food from your pantry

SOUP KITCHENS AND ON-SITE MEAL PROGRAMS ONLY:

- A. Count each person who is served a meal at each meal time. For example, if a person is served breakfast and lunch on your site in the same day, count this person as two people served.
- B. Do not count individuals who return for seconds as an additional person served. Count each person once per mealtime.

AGE OF CLIENTS:

If you do not know a client's age, please estimate.

- A. Children: All those between 0 and 17 years of age.
- B. Adults: All those between 18 and 64 years of age.
- C. Elderly: All those 65 and older.

8. Totals for children, adults, and elderly need to be completed
9. Failure to submit this report could jeopardize your status with your funders
10. Answer the questions as they pertain to your programs. Tabulate the number of people who were not able to get food for the month.